



TOWN OF HUDSON

Office of the Assessor

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WELCOME TO THE TOWN OF HUDSON, NH

The Town of Hudson offers the following Property Tax Exemption for those residents who qualify. The requirements for this exemption are listed below.

PLEASE NOTE: STATUTORY DEADLINE TO APPLY FOR ALL EXEMPTIONS IS APRIL 15, 2024

Elderly Exemption

- a) Must be a NH resident for at least three (3) consecutive years preceding April 1st in the year of application;
- b) Must be 65 years of age or older by April 1 in the year of application;
- c) Total income not to exceed \$45,000 if single / \$55,000 if married; ***\$50,000 single /\$60,000 married**
- d) Total net assets not to exceed \$160,000 –not including your residence.

The exemption amount to be deducted from the Assessed Value of your home is as follows;

- a) Age 65 through 74 years - \$121,000 off; *** \$132,000**
- b) Age 75 through 79 years - \$144,000 off; *** \$156,000**
- c) Age 80 years and above - \$173,000 off. *** \$233,000**

NOTE: The 2024 Town voting session on Tuesday, March 12, 2024 will include a warrant article to make changes including increasing the **income** allowed: from \$45,000 to \$50,000 if single and \$55,000 to \$60,000 if married, Net Asset amount anticipated to remain the same, and exemption amounts anticipated to increase. All of the proposed changes are marked with an asterisk * above.

TOWN OF HUDSON - APPLICATION FOR ELDERLY EXEMPTION (Page 1 of 2)



RSA 72:39a + RSA 72:39b DEADLINE TO FILE: APRIL 15, 2024

Name of Applicant:	Name of Spouse:
Property in a Trust? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Name of Trust: Full copy must be provided
Applicant's Date of Birth:	Spouse's Date of Birth:
Address:	Telephone: Email (optional):
Map/Lot:	
Marital Status:	Single: <input type="checkbox"/> Married: <input type="checkbox"/> Widow(er): <input type="checkbox"/>
Residence is Owned...: (Please check applicable box to the right)	Individually: <input type="checkbox"/> With Spouse: <input type="checkbox"/> With Others: <input type="checkbox"/> In Trust: <input type="checkbox"/> Joint Tenants: <input type="checkbox"/> Tenants in Common: <input type="checkbox"/> % Owned:
I have lived in New Hampshire for consecutive years since:	Year:
Previous Address if less than three (3) years in NH:	
Have you ever received an elderly exemption from any <u>other</u> community in New Hampshire, or other state(s)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, name of other community and state:

- INCOME INFORMATION - (Enter in Yearly Amounts) -	APPLICANT	SPOUSE
Social Security - for 2023: <u>(Gross Amount)</u> (includes Supplemental Security Income- SSI)	\$	\$
Pension & Retirement - for 2023: (includes VA compensation)	\$	\$
Wages - for 2023: (Include W-2, 1099-MISC, etc.):	\$	\$
Other Income - for 2023: (Includes Unemployment, IRA & 401K Distributions, Annuities, etc.)	\$	\$
Interest Income - for 2023:	\$	\$
Dividends Received - for 2023: (Includes any Stock, Bonds, Capitals Gains, etc.)	\$	\$
Other Income Received - for 2023: (Includes any financial assistance from others. IE: NH Housing assistance)	\$	\$
Rental Income Received - for 2023: (Includes any financial assistance from persons living in household)	\$	\$
Other Income <u>not</u> listed above - for 2023: (IE: lottery & gambling winnings, Stimulus)	\$	\$
Verification of the above MUST be submitted		
Total 2023 Income:	\$	\$
Life Insurance Payment(s) Received? If yes, amount?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	\$
Are you required to file an Interest and Dividend Tax Return to the State of New Hampshire?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are you required to file an IRS Tax Return for 2023? -Provide Full and True Copy of 2023Return-	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

TOWN OF HUDSON - APPLICATION FOR ELDERLY EXEMPTION (Page 2 of 2)

<u>ASSET INFORMATION</u>	Single Family: <input type="checkbox"/>	Multi-Family: <input type="checkbox"/> Unit #:
Type of property for which exemption is being claimed: If multi-family, in which unit # do you reside?		
<u>VALUE OF FUNDS AS OF 12/31/2023</u>	Type: _____ Institution: _____ Value: \$ _____	
List the market value of Stocks, Bonds, Certificates of Deposit, Money Markets, Mutual Funds, IRAs, 401Ks, Whole Life Ins, etc. (Use additional pages if necessary)	Type: _____ Institution: _____ Value: \$ _____	
	Type: _____ Institution: _____ Value: \$ _____	
	Type: _____ Institution: _____ Value: \$ _____	
<u>VALUE OF BANK ACCOUNTS OF 12/31/2023</u>	<u>Checking:</u> _____ Institution: _____ Balance: \$ _____	
List current balances of <u>all</u> bank accounts in your (and your spouse's name – if applicable): You <u>must</u> submit copies of your year-end bank statement(s) from <u>all banks</u> including <u>all pages</u> .	<u>Savings:</u> _____ Institution: _____ Balance: \$ _____	
	<u>Other:</u> _____ Institution: _____ Balance: \$ _____	
<u>VALUE OF VEHICLES AS OF 12/31/2023</u>	Make: _____ Model: _____ Year: _____ Mileage: _____ Est. Value: \$ _____	
Please provide the following vehicle information: Please call dealer or use Kelley Blue Book to get the estimated value. (Includes Cars, Trucks, Boats, RV's, Motorcycles, etc.) Other Tangible Assets of value	Make: _____ Model: _____ Year: _____ Mileage: _____ Est. Value: \$ _____	

	Est. Value: \$ _____	
Verification of the above MUST be Submitted - Total 2023 Assets:	\$ _____	\$ _____
<u>REAL ESTATE</u>		
Current mortgage(s) on your Hudson, NH residence?	Balance: \$ _____	
Bank holding mortgage(s)? Please provide copy of mortgage statement.	Bank Name: _____	
Do you own <u>any other</u> real estate other than your Hudson, NH residence? (IE: Home, Mobile Home, Vacant Land) If yes, please provide a copy of the most recent property tax bill for these properties.	Yes: <input type="checkbox"/> Property Type: _____ Town & State: _____ Est. Value: \$ _____	No: <input type="checkbox"/> _____
I swear, under the penalty of perjury, that all the above is a correct and accurate accounting of my financial condition to the best of my knowledge. I further authorize any agency, or financial institution to release information about me or copies of my records to any agent of the Town of Hudson Assessing office. I release all persons whomsoever from any liability arising out of or resulting from the release of this information.		
Date: _____ Applicant's Signature: _____	Date: _____ Spouse's Signature: _____	